

P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

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TUBE REGISTRATION # _____

REGISTRANT NAME _____
 SURVEYOR NAME _____
 SURVEYOR SIGNATURE _____
 SURVEY DATE _____

MACHINE: MAKE _____
MODEL _____
SERIAL _____
ROOM # _____

INSTRUCTIONS TO THE REGISTRANT: THE ITEMS BELOW ARE VIOLATIONS OF THE VIRGINIA RADIATION PROTECTION REGULATIONS. YOU ARE TO CORRECT THESE VIOLATIONS AND NOTIFY THE BUREAU OF RADIOLOGICAL HEALTH WHEN THE CORRECTIONS HAVE BEEN COMPLETED.

[illegible]
